

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2015
NAME OF PROVIDER OR SUPPLIER METHODIST HOSPITALS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANT ST GARY, IN 46402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of a State licensure hospital complaint.</p> <p>Complaint Number: IN00161309</p> <p>Unsubstantiated; lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Date: 2/23/15</p> <p>Facility Number: 005002</p> <p>Surveyor: Jacqueline Brown, R.N., Public Health Nurse Surveyor</p> <p>QA: claghlin 03/02/15</p>	S 000		
S 930	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, document review, and personnel interview, nursing staff failed to supervise and evaluate the nursing care for each patient related to lack of notification of patient's family/significant other post-fall for 3 of 6 (Patient #6, 8, and 10) closed patient medical records (MR) of patients who sustained a fall.</p>	S 930		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 930	<p>Continued From page 1</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Policy #PC_07, titled "Risk for Fall and/or Entrapment Guidelines" revised/reapproved 2/12/15, was reviewed on 2/23/15 at approximately 1:00 PM, and indicated patient's family/significant other is to be notified by staff of a fall. 2. Review of open and closed patient medical records on 2/23/15 at approximately 1130 hours, confirmed: <ol style="list-style-type: none"> A. Patient 6's MR indicated the following: <ol style="list-style-type: none"> a. Fell on 1/13/15 at 1930 hours and stated "tried to get up in the bed, but overestimated it" and was assisted back to bed without incidence or evidence of injury. b. Lack of notification of patient's family/significant other of the fall. B. Patient 8's MR indicated the following: <ol style="list-style-type: none"> a. Fell on 11/12/14 at 1810 hours and had been in the bathroom but came out unassisted, was reinstructed on using call light for assistance with getting up. b. Lack of notification of patient's family/significant other of the fall. C. Patient 10's MR indicated the following: <ol style="list-style-type: none"> a. Fell on 11/11/14 at 0020 hours and stated "forgot urinal was next to bed"; patient attempted to get up to the bathroom. b. Lack of notification of patient's family/significant other of the fall. 3. Staff #6 (Manager of Neuro ICU/IMCU) was interviewed on 2/23/15 at approximately 1130 hours, and confirmed after a fall the patient's family/significant other is to be notified by staff of the fall. This was not done for patient #6, 8, and 	S 930		

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S 930	Continued From page 2 10 as required by facility policy and procedure.	S 930			